

5 0998990

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

TOTAL CLAIMS  33  FOR  NUMBER FILED  NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS  33 minus 20= * 13  INDEPENDENT CLAIMS  9 minus 3 = * 6  MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter *0* in column 2  * If the difference in column 1 is less than zero, enter *0* in column 2	FEE
FOR NUMBER FILED NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS 33 minus 20= * 13  INDEPENDENT CLAIMS 9 minus 3 = * 6  MULTIPLE DEPENDENT CLAIM PRESENT	740.00 <sub>%</sub>
INDEPENDENT CLAIMS . 9 minus 3 = 6  MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  * If the difference in column 1 is less than zero, enter "0" in column 2	
MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  * If the difference in column 1 is less than zero, enter "0" in column 2	405
* If the difference in column 1 is less than zero, enter "0" in column 2	
* If the difference in column 1 is less than zero, enter "0" in column 2	
TOTAL OR TOTAL	1428
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL	
CLAIMS REMAINING AFTER AFTER AMENDMENT  Total  Total  Minus  Minu	ADDI- TIONAL FEE
Total Total Minus + 33 = X\$9= OR X\$18=	les
Independent Minus + X42= OR X84=	
+140= OR +280=	
TOTAL OR TOTAL ADDIT. FEE OR ADDIT. FEE	pa
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA  Total * Minus ** = X\$9= OR X\$18=  Undependent * Minus *** = X42= OR X84=	ADDI- TIONAL FEE
Total * Minus ** = X\$9= OR X\$18=	
Independent Minus STATE TO STATE THE STATE OF MINUS STATE OF THE STATE	
+140= OR +280=	
TOTAL ADDIT, FEE OR ADDIT, FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PAID FOR PAID FOR TOtal Minus Mi	ADDI- TIONAL FEE
Total	
Independent * Minus *** = X42= OR X84=	
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	